

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

**Reset Form**

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IOWA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

pm 146  
2009 JAN 20 PM 12:58

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Hutter for the House, District 82

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1  
( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
( 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political  
Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1486</u>
Logged in	<u>S</u>
Scanned	_____
Computer	_____
Audited	_____

**CANDIDATE COMMITTEES ONLY:**  
Candidate Name JOE HUTTER #1486 Political Party (if applicable) \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (if Senate or House) 82

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SR Bremeyer  
SIGNATURE OF PERSON FILING REPORT

563-332-5669  
TELEPHONE

1/15/2009  
DATE SIGNED

I AM FILING A JAN 19<sup>th</sup>, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election	_____
County & Local Committees, enter County in which Election is held	_____

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) .....	\$	<u>943<sup>23</sup></u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....		<u>- 0 -</u>
Schedule F: Loans Received total (Attach Schedule F) .....		<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>- 0 -</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL .....	\$	<u>943<sup>23</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>943<sup>23</sup></u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		<u>- 0 -</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) .....	\$	<u>- 0 -</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$	<u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$	<u>- 0 -</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....	\$	<u>- 0 -</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
JAN 15 2009	ID# CK# 548904	Community Health CARE 500 W. River Drive DAVENPORT, IA 52801	Contribution for Dissolution	\$943 <sup>23</sup>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$943 <sup>23</sup>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)